



Top Takeaways from Nurturing the Three Sisters Session 1: Lessons from “Rooted in Resilience: Urban Indian Harm Reduction for HIV Prevention”

Harm Reduction is Something We All Do Everyday

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences. In our daily lives, some examples of harm reduction include wearing sunscreen to protect against skin cancer, buckling our seatbelts to prevent motor vehicle-related injuries, and wearing masks to protect ourselves and others against COVID-19 infection. These examples illustrate the many forms harm reduction takes and how it can be applied in all treatment settings.

Navigating Stigma Regarding Injection Drug Use

When applied to substance use disorders, harm reduction is a movement for social justice built on a belief in, and respect for, the rights of people who use drugs and alcohol. The first priority of harm reduction in this context is to keep individuals safe, keep them alive, and let them know they are loved. They are people first – our friends, neighbors, brothers, sisters, and relatives. Drug and/or alcohol use doesn't negate the value of their lives. Thus, avoiding stigmatizing language is of utmost importance. Using affirming, person-centered language helps to convey the message that people experiencing substance use disorders are respected and deserving of care. A relevant resource provided by Jessica Rienstra can be found [here](#).

Harm Reduction Programs are Successful: SSPs

Syringe service programs (SSPs) include harm reduction activities such as distributing sterile syringes, safer drug use supplies, and education to people who inject drugs. These programs are designed to address the dramatic increase in infectious diseases associated with injection drug use. Among people who inject drugs, over 2,500 new HIV infections occur each year. Despite these high infection rates, SSPs are associated with a 50% reduction in HIV and HCV incidence. Additionally, while many believe that harm reduction encourages drug and alcohol use, new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs. SSPs are also successful due to the supportive environment and community connections they provide.

Harm Reduction Programs are Successful: Opioid Use Disorder Medications

Methadone and buprenorphine are two of the most effective medications for treating substance use disorders. Patients with opioid use disorder who take methadone are much less likely to die from any cause, and significantly less likely to die from accidental drug poisoning than those not on methadone. These medications save lives. Rates of death from hepatitis C, HIV, heart infections, and car accidents are substantially lower for those receiving methadone treatment. The combination of opioid dependence medications and SSPs reduces HCV and HIV transmission by over two-thirds.

Applying Harm Reduction in Different Settings

When treating patients with substance use disorders in the hospital setting, it is important to address the disorder regardless of the reason for admission. Hospital workers should acknowledge patients in a non-stigmatizing way, engage them in peer connection, provide behavioral intervention, and connect patients to ongoing care. Patients should have access to methadone immediately and should also be provided with naloxone and safer use kits upon discharge. In residential drug and alcohol treatment settings, harm reduction is a work in progress. Successful practices in these contexts include providing rapid access to buprenorphine, performing warm hand-offs to next levels of care, and distributing naloxone and safer use kits on discharge.

